FORM D

UNITED STATESEC Mail Processing SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Prefix



FORM D NOTICE OF SALE OF SECORITES, DC PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| | 1933090 | | | | | | | | | |
|---|---------------------------|--|--|--|--|--|--|--|--|--|
| | OMB APPROVAL | | | | | | | | | |
| | 0005 0070 | | | | | | | | | |
| , | OMB Number: 3235-0076 | | | | | | | | | |
| , | Expires: April 30, 2008 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | hours per response: 16.00 | | | | | | | | | |

SEC USE ONLY

DATE RECEIVED

Serial

| 08048380 | | , , <u>, , , , , , , , , , , , , , , , , </u> | | | | |
|--|--|---|-------------------------------------|--|---------------------------|---|
| | ck if this is an amendment an | | | .) | | _ |
| | (es) that apply): Rule 50 | | ☑ Rule 506 | ☐ Section 4(6) | □ ULOE | |
| Type of Filing: 🗹 Ne | w Filing | | | | | |
| | A. | BASIC IDENTIFI | CATION DATA | | | |
| 1. Enter the information | requested about the issuer | | | | | |
| Name of Issuer (□ che | ck if this is an amendment an | l name has changed, a | nd indicate change | .) | | |
| Whitehall Street Inter | national REPIA PMD QP F | und 2008, Ltd. | | | | |
| Address of Executive Off 85 Broad Street, Nev | ices (Number v York, New York 10004 | and Street, City, State | , Zip Code) | Telephone Numb | per (including Area Code) | |
| Address of Principal Busi (if different from Exe | | er and Street, City, Sta | nte, Zip Code) PROCESS | i . | per (Including Area Code) | |
| Brief Description of Busi | ness | | | | | |
| To operate as a priva | ite investment fund. | | MAY 1 5 200 | _ | | |
| Type of Business Organiz ☐ corporation ☐ business trust | □lim | nited partnership, alrea mited partnership, to b | OMSON REL dy formed he formed | JTERS Wother (please s Exempted Limite | pecify ed Company | |
| Actual or Estimated Date | of Incorporation or Organiza | | Year 0 8 |] ☑ Actual | ☐ Estimated | |
| Jurisdiction of Incorporat | • | nter two-letter U.S. Po ete: CN for Canada: FN | | | FN | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

| * Each executive officer and director of corporate issuers and of corporate general and managing partner | rs of pa | artnership issuers; and | | | | | | | | | |
|---|----------|------------------------------------|--|--|--|--|--|--|--|--|--|
| * Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☑ Promoter* □ Beneficial Owner □ Executive Officer □ Director * Manager of the Issuer's General Partner | | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Goldman, Sachs & Co. | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| 85 Broad Street, New York, New York 10004 | | | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director | Ż | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Whitehall Street Employee Funds 2008 GP, L.L.C. | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| 85 Broad Street, New York, New York 10004 | | | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director | | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| The Goldman Sachs Group, Inc. | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| 85 Broad Street, New York, New York 10004 | | | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director | | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Edward M. Siskin | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| c/o Goldman Sachs International, Peterborough Court, 4th Floor, 133 Fleet Street, London EC4A 2BB | | | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director | | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Jean De Pourtales | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| c/o Goldman Sachs (Singapore) Pte, 1 Raffles Link, 6th Floor, Singapore 039393 | | | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director | | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Todd A. Williams | | ···· | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| c/o Goldman, Sachs & Co., 100 Crescent Court, 9th Floor, Dallas, TX 75201 | | | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director *of the Issuer's General Partner | | General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Rothenberg, Stuart M. | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| 85 Broad Street, New York, New York 10004 | | | | | | | | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) | | | | | | | | | | | |

| | | | | B. IN | FORMAT | ION ABO | UT OFFI | ERING | | | | |
|---|-----------------------------|---------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|----------------------------|--------------|--------------|
| | | | | | | | | | | | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | 0 | \square | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | | 0,000 |
| *The General Partner reserves the right, in its sole discretion, to reduce the subscription amount of any subscriber or | | | | | | | | | | | Yes | No |
| of any category of subscriber, proportionally or otherwise. 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | | Ø |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any | | | | | | | | | | | | |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. | | | | | | | | | | | | |
| If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such | | | | | | | | | | | | |
| | cer or dealer. | | | | | | | a are appear | ated person | 5 51 5 45 1. | | |
| | e (Last name | first, if ind | lividual) | | | | | | | | | |
| NONE | | | | | | | | | | | | |
| Business | or Residence | e Address (1 | Number and | Street, Cit | y, State, Zip | Code) | | | | | - | |
| | | | | | | | | | | | | |
| Name of | Associated E | Broker or De | ealer | | | | | | | | | |
| | | | | | | | | | | | | |
| | Which Perso "All States" | | | | | | | | | | ПАП | States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | . [IA] | [KS] | [KY] | [CO] | [ME] | [MD] | [MA] | [M] | [MN] | [MS] | [MO] |
| [.2] [MT] | [NE] | [NV] | [NH] | [[17] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Nam | e (Last name | first, if ind | lividual) | | | | | | | | • | |
| | | | | | | | | | | | | |
| Business | or Residence | e Address (1 | Number and | Street, Cit | y, State, Zip | Code) | | | | | | |
| | | | | | | | | | | | | |
| Name of | Associated E | Broker or De | ealer | <u> </u> | | <u> </u> | | | | | | |
| | | | | | | | | | | | | |
| | Which Perso | | | | | | | | | | | • • |
| - | "All States" | | | - | | • | | | | | | 1 States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] [MT] | [IN] [NE] | [IA] [NV] | [KS] [NH] | [KY] [NJ] | [LA] [NM] | [ME] [NY] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| | e (Last name | | | . , | . , | <u> </u> | | . , | . , | | | |
| | | | | | | | | | | | | |
| Business | or Residence | e Address (1 | Number and | Street, City | y, State, Zip | Code) | | | | | _ | |
| | | | | | | | | | | | | |
| Name of | Associated E | Broker or De | ealer | | | | · · | <u></u> | | | | |
| | | | | | | | | | | | | |
| | Which Perso | | | | | | | | | | | |
| | 'All States" | | | • | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] [R1] | [NE] | [NV] | [NH] ITNI | [NJ] itxi | [NM] (TIT) | [NY] IVTI | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] rwn | [OR] (WY) | [PA] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | | |
|----------|---|-------------|-----------------------------|---|------------------------------------|-------|
| | Type of Security | | Aggregate Offering Price | | Amount Ali Sold | ready |
| | Debt | \$_ | 0 | _ \$ | 0 | |
| | Equity | \$_ | 29,200,000 | _ \$ | 29,200,0 | 000 |
| | ☑ Common ☑ Preferred | | . 0 | | 0 | |
| | Convertible Securities (including warrants) | \$_ | 0 | \$ | 0 | |
| | Partnership Interests | \$ <u>·</u> | 0 | _ \$ | 0 | |
| | Other (Specify | \$_ | 0 | _ \$ | 0 | |
| | Total | \$_ | 29,200,000 | \$ | 29,200,0 | 000 |
| 2. | Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer | | | | | |
| | is "none" or "zero." | | Number Investors | | Aggrega Dollar Amo of Purcha | ount |
| | Accredited Investors | _ | 4 | _ \$ | 29,200,0 | 000 |
| | Non-accredited Investors | _ | 0 | _ \$ | 0 | |
| | Total (for filings under Rule 504 only) | _ | N/A | _ \$ | N/A | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | | • | | ount |
| | | | Type of | | Dollar Am | |
| | Type of offering | | Type of Security | | Dollar Am Sold | |
| | Type of offering Rule 505 | _ | | _ \$ | Sold | |
| | | _ | Security | _ \$ _ \$ | Sold N/A | |
| | Rule 505 | _ | Security N/A | - | Sold N/A N/A | |
| | Rule 505 | | Security N/A N/A | - \$ | Sold N/A N/A | |
| tl tl | Rule 505 Regulation A Rule 504 | | N/A N/A N/A | - - \$ - \$ | Sold N/A N/A N/A | |
| tl tl | Rule 505 Regulation A Rule 504 Total Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of | | N/A N/A N/A | - \$ - \$ - \$ | Sold N/A N/A N/A | |
| tl tl | Rule 505 Regulation A Rule 504 Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | Security N/A N/A N/A N/A | - \$ - \$ - \$ | Sold N/A N/A N/A N/A | |
| tl tl | Rule 505 Regulation A Rule 504 Total Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | N/A N/A N/A N/A | - \$ - \$ - \$ | Sold N/A N/A N/A N/A | |
| tl tl | Rule 505 Regulation A Rule 504 Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs | | N/A N/A N/A N/A | - \$ - \$ - \$ | Sold N/A N/A N/A 0 | |
| tl tl | Rule 505 Regulation A Rule 504 Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees | | Security N/A N/A N/A N/A | - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ | Sold N/A N/A N/A 0 0 0 0 | |
| tl tl | Rule 505 Regulation A Rule 504 Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees | | Security N/A N/A N/A N/A C | - | Sold N/A N/A N/A 0 0 0 0 | |
| tl tl | Rule 505 Regulation A Rule 504 Total .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees Accounting Fees Engineering Fees | | Security N/A N/A N/A N/A C | - | Sold N/A N/A N/A N/A 0 0 0 0 | |

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| | *** | | | | | | |
|--|--|-------------|--------|--|----------|-------------|-----------------------|
| C. OFFERING PRICE, | NUMBER OF INVESTORS, EXP | ENS | ES A | AND USE OF PI | ROCE | <u>EDS</u> | |
| b. Enter the difference between the aggre - Question 1 and total expenses furnishe difference is the "adjusted gross proceeds to the control of the | \$ | | | | | | |
| i. Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box of payments listed must equal the adjusted gr to Part C - Question 4.b. above. | | | | | | | |
| | | | | Payments to Officers, Directors, & Affiliates | · | | Payments To Others |
| Salaries and Fees | | | \$_ | 0 | | s _ | 0 |
| Purchase of real estate | | | \$_ | 0 | | \$_ | 0 |
| Purchase, rental or leasing and installation | of machinery and equipment | | \$_ | 0 | | \$_ | 0 |
| Construction or leasing of plant buildings | | | \$_ | 0 | _ 🛮 | s _ | 0 |
| Acquisition of other businesses (including this offering that may be used in excha | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | | 0 · | _ | \$ _ | 0 |
| Repayment of indebtedness | | | | 0 | | s _ | 0 |
| • • | Working capital | | | | | \$_ | 0 |
| Other (specify): Investment Capital | <u> </u> | | _ | 0 | _ 🗹 | \$_ | 29,200,000 |
| Column Totals | | \$ _ | | ☑ | \$_ | 29,200,000 | |
| Total Payments Listed (column totals adde | | | Ø \$ | 29,2(| 00,000 | 1 | |
| | D. FEDERAL SIGNATUI | RE | | | | | |
| The issuer has duly caused this notice to be following signature constitutes an undertaking of its staff, the information furnished by the is | ng by the issuer to furnish to the U.S. Se | ecuriti | ies an | nd Exchange Comm | mission, | , upon | written request |
| ssuer (Print or Type) Whitehall Street International REPIA PMD QP Fund 2008, Ltd. | Signature | | | Date, 2008 | 8 | | |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | · |
| Josephine Scesnex | Authorized Person | | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END